

# CRP GROWER SUPPORT DOCUMENT

Grower Name: \_\_\_\_\_

- Need:
- ☐ Residue Removal on CRP (Enhancement)
    - ☐ Residue Load
    - ☐ Rodent Infestation
    - ☐ Weed Infestation
    - ☐ Erosion Potential
    - ☐ Terrain Characteristics
  - ☐ Residue Removal on CRP (Renovation)

Method: \_\_\_\_\_  
(i.e., mow, burn, etc.)

Season: \_\_\_\_\_

I certify that I have considered the use of all reasonable non-burning alternatives to address my CRP enhancement and/or renovation needs.

If a burning option is selected as the method for enhancement and/or renovation then I understand that it is my responsibility to acquire and implement an acceptable burn permit and burn management plan. I fully understand that it is my responsibility to comply with local, state, and federal air pollution, fire regulations and laws.

\_\_\_\_\_  
Grower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FSA Signature

\_\_\_\_\_  
Date